

Account Opening & Setup Form

Country of Account domicile

Account Number

Account Opening/Amendment Statement Reporting Authorised Persons (Specimen Signatures, Call Back and Phone Enquiries)

Terms not otherwise defined in this Account Opening & Setup Form shall have the same meaning as in the J Trust Royal Bank General Banking Conditions.

1. CUSTOMER DETAILS New Amend

Group Name of Customer

Legal Name of Customer (as registered in the constitutional document)

Entity Type (private limited company/partnership/sole proprietorship or other legal forms as incorporated)

Type of Business/Industry

Jurisdiction of Registration/Incorporation
 MOC (Ministry of Commerce) MOI (Ministry of Interior) MFA (Ministry of Foreign Affairs)
 MOE (Ministry of Education) MOH (Ministry of Health) Other

Date of Registration/Incorporation

Registration/Incorporation Number Tax Status Resident Non-Resident Tax Number

Entity Type
 Association / NGO / Charities Partnership / Joint Account Holder (Project Fund)
 Government Entity Trust
 Company

Beneficial Owner(s)

Note: if any non-individual beneficial owner has 25% of ownership or more, you are requested to provide further layer of the beneficial owner

Full Name	% of Ownership	Full Name	% of Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director(s) Identification

Note: if there are no directors who are signatories, one of the directors needs to complete Director Details section

Full Name (First name, Middle name, Last name)	Full Name (First name, Middle name, Last name)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Details of Director (One of the above directors)

First Name:	Middle Name:	Family Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality (primary):	
Current Residential Address:		
Date of Birth:	Town/Province of birth:	Country of birth:
Telephone Number:	Email Address:	
Listed in Stock Exchange	Name of Stock Exchange	Stock Code
<input type="checkbox"/> Yes <input type="checkbox"/> No		

1.1. CONTACT DETAILS

Registered Address (as in the constitutional documents)

Contact Person:	Designation:
Address 1:	State/Province:
Address 2:	Country:
City:	Postal/Zip Code:
Telephone Number:	Facsimile Number:
Website URL:	
Email Address:	

Business/Operating Address (same as above)

Contact Person:	Designation:
Address 1:	State/Province:
Address 2:	Country:
City:	Postal/Zip Code:
Telephone Number:	Facsimile Number:
Website URL:	
Email Address:	

Mailing Address (same as above)

Contact Person:	Designation:
Address 1:	State/Province:
Address 2:	Country:
City:	Postal/Zip Code:
Telephone Number:	Facsimile Number:
Email Address:	

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Principal place of business offshore (same as above)

Contact Person:	Designation:
Address 1:	State/Province:
Address 2:	Country:
City:	Postal/Zip Code:
Telephone Number:	Facsimile Number:
Email Address:	

1.2. ACCOUNTS TO BE OPENED

Currency	Type of Account (current/savings/time dep)	Accounts	Please tick the box if it is a Trust Account	Cheque Book Required ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3. CHEQUE BOOKS

Please supply us with cheque books containing 50 cheque leaves and debit our account for the necessary costs. We shall collect our cheque books from J Trust Royal Bank Branch at

2. STATEMENT REPORTING

New Amend Cancel

Collect from Frequency (Applicable for Print and SWIFT)
 SWIFT

Please indicate SWIFT BTR details below

Destination Bank SWIFT Code	Bank Name & Address	
<input type="text"/>	<input type="text"/>	
Contact Name:	Contact Phone Number:	Contact Facsimile Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MT940 <input type="checkbox"/> MT942 <input type="checkbox"/> MT950 <input type="checkbox"/> MT320 <input type="checkbox"/> MT300		
<input type="checkbox"/> Credit/Debit Advice to <input type="text"/>		

3. AUTHORISED PERSONS (CALL BACK, PHONE ENQUIRIES, DELIVERY AND COLLECTION)

The following persons are Authorised Persons for the purpose of the Agreement.

Specimen Signatures Call Back Phone Enquiries New Amend Cancel

Name:		<input type="text"/>	
Designation:	Category:	<input type="checkbox"/> Collected statements issued on the accounts <input type="checkbox"/> Collected debit/credit advise on my/our behalf <input type="checkbox"/> Deliver money transfer form <input type="checkbox"/> Deliver check book order form <input type="checkbox"/> Collect check books issued on the accounts <input type="checkbox"/> Check account details at branch <input type="checkbox"/> Other services <input type="text"/>	
with effect from <input type="text"/>			
Tel (Direct Line)	Call Priority		
Tel (Mobile)	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
PB Code (4-6 digits):		<input type="text"/>	
Email Address:		<input type="text"/>	

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Specimen Signatures
 Call Back
 Phone Enquiries
 New
 Amend
 Cancel

Name:

Designation: Category:

with effect from

Tel (Direct Line) Call Priority 1 2

Tel (Mobile)

PB Code (4-6 digits):

Email Address:

Collected statements issued on the accounts
 Collected debit/credit advise on my/our behalf
 Deliver money transfer form
 Deliver check book order form
 Collect check books issued on the accounts
 Check account details at branch
 Other services

Specimen Signatures
 Call Back
 Phone Enquiries
 New
 Amend
 Cancel

Name:

Designation: Category:

with effect from

Tel (Direct Line) Call Priority 1 2

Tel (Mobile)

PB Code (4-6 digits):

Email Address:

Collected statements issued on the accounts
 Collected debit/credit advise on my/our behalf
 Deliver money transfer form
 Deliver check book order form
 Collect check books issued on the accounts
 Check account details at branch
 Other services

New
 Amend
 Cancel

Name:

Designation: Category:

with effect from

Authorised For Call Back
 Phone Enquiries

Tel (Direct Line) Call Priority 1 2

Tel (Mobile)

PB Code (4-6 digits):

Email Address:

Collected statements issued on the accounts
 Collected debit/credit advise on my/our behalf
 Deliver money transfer form
 Deliver check book order form
 Collect check books issued on the accounts
 Check account details at branch
 Other services

New
 Amend
 Cancel

Name:

Designation: Category:

with effect from

Authorised For Call Back
 Phone Enquiries

Tel (Direct Line) Call Priority 1 2

Tel (Mobile)

PB Code (4-6 digits):

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Collected statements issued on the accounts
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4. AUTHORISATION AND AGREEMENT

Important note: You must read the J Trust Royal Bank General Banking Conditions, the Fee Schedule and all other documents that constitute the "Agreement" as such term is defined in the JTR Connect Terms and Conditions which supplements the J Trust Royal Bank General Banking Conditions. All capitalised terms used in this Account Opening & Setup Form have the meanings given to them in the J Trust Terms and Conditions. Please contact your J Trust Royal Bank Cash Sales Manager if you have any queries relating to the documents referred to above or this Account Opening & Setup Form.

Authorisation and agreement: We authorise the Bank to open, amend and maintain the relevant Account(s) listed in Section 1.2 of this Account Opening & Setup Form. We have received copies of all the documents referred to above, the terms of which we have read, understood and agree to for each jurisdiction in which an Account is to be opened or Service provided.

We certify that:

- the type of business/industry specified in this form generates at least 50% of our gross income;
- we will notify the Bank within 30 days should there be any change to information provided by us to the Bank; and
- all information we provide to the Bank will be accurate, complete and up to date and we understand and agree that the Bank will rely on this information.

Signed by legal representative(s) for and on behalf of the Customer

Signature

Signature

Company Stamp (if applicable)

Name:

Name:

Designation:

Designation:

Date

Place:

Date

Place:

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BANK USE ONLY:

Verification of Authorised Persons/Legal Representatives

Signature

Signature

Name:	
Designation:	
Telephone Number:	
Date	Place:

Name:	
Designation:	
Telephone Number:	
Date	Place:

Client Relationship Manager

Name:	Branch:
Designation:	Country:
Telephone Number:	RM ID: